

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86949

FILED
Feb 09, 2012
Secretary of State

Entity Name: TRADITIONAL HOME CARE, INC.

Current Principal Place of Business:

3250 N ANDREWS AVE EXTENSION
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1928
LEXINGTON, SC 29071 US

New Mailing Address:

POST OFFICE BOX 2431
LEXINGTON, SC 290712431 US

FEI Number: 59-2377550

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARITON, MARY J
3250 N. ANDREWS AVENUE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: YOUNG, RONNIE L
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC 29072 US

Title: VPST
Name: KEIM, JOHN D
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC 29072 US

Title: DEVP
Name: HARDMAN, JAMES F
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC 29072 US

Title: VP
Name: CAMIT, DONNA S
Address: 171 MONROE LANE
City-St-Zip: LEXINGTON, SC 29072 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN D KEIM

VPST

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date